

Illinois Department of Revenue

RCOA-1 Coin-Operated Amusement Device Tax Decal Order Form

Read this information first

Station no. 607

There is an annual tax of \$30 imposed for the operation of each coin-operated amusement device (COAD) and redemption machine. You must annually order tax decals on or before July 31st, by completing Form RCOA-1 and Form RCOA-1-A, Coin-Operated Amusement Device Schedule,. You must make payment in full to receive your tax decals.

Step 1: Identify your business	ax decais you will be subject to a penalty and the machine may be seized.
1 Name:	4 Illinois Business Tax number (IBT no.):
	-
2 Address: Number and street	5 Federal Employer Identification number (FEIN):
City State ZIP	6 Social Security number (if no FEIN):
, _	7 0040 "
3 Check here if your address has changed.	7 COAD license number: AD
Step 2: Tell us the number of tax decals y	ou are ordering
8 Write the number of tax decals you need to order on the line	8a jukeboxes
next to the type of machine for which you are ordering tax decals.	8b mechanical rides
Note: You must also complete and attach Form RCOA-1-A to	8c pinballs
identify each machine for which you are ordering a tax decal.	8d pool games 8e redemption machines
	8g snuπleboards g video games - amusement (e.g., Pac Man, Golf)
	8h video games - simulated gaming (e.g., poker, blackjack
	8i other (brief description)
Step 4: Figure your tax 11 Number of tax decals you need to order (the total number from St 12 Multiply Line 11 by \$30. 13 Penalty (<i>if applicable</i>). See instructions. 14 Add Lines 12, and 13. This amount is your total tax and penalty. 15 Write the amount of credit you wish to apply.	12 \$ 13 \$ 14 \$ 15 \$
16 Subtract Line 15 from Line 14. This is the total amount due. Make your check payable to "Illinois Department of Revenue (Control of Control	16 \$ COAD)."
Step 5: Sign below Under penalties of perjury, I state that I have examined this information	
Signature	Daytime telephone Date
Step 6: Mail your order form Mail your completed Form RCOA-1, Form RCOA-1-A, and payment to ILLINOIS DEPARTMENT OF REVENUE PO BOX 19019 SPRINGFIELD IL 62794-9019	
Do not write	e below this line.
License no Date issued/_	_/ Clerk ID